Section 5

MISSOURI
Department of Health and Senior Services

SHOW ME Healthy Women

Diagnostic Service Coordination & Case Management

Clinical Follow-Up/Case Management for Abnormal Findings

Providers are responsible for reporting clinical follow-up of abnormal findings and the follow-up outcome to Show Me Healthy Women. This is a mandatory component of the SMHW.

Frequency and type of clinical follow-up of abnormal findings shall be determined by the clinician based on current standards of practice and on the established SMHW Breast Cancer Screening Protocols and Cervical Cancer Screening Protocols.

Providers must ensure the following:

1. Suspicious screening results must be determined as normal or abnormal through diagnostic procedures.

2. The client must be notified of abnormal findings and need for follow-up service(s). SMHW requires two documented attempts for follow-up, if needed; one must be in writing. *(Refer to page 5.2 for detailed information.)*

3. For a client diagnosed with cancer, Show Me Healthy Women **must** receive:
   a. Information on stage
   b. Treatment, and the name of the facility where treatment occurred

   The name of the treatment facility is vital. Hospital-based service providers can obtain stage and treatment information through their cancer registry. Non-hospital-based service providers must contact the treatment facility for this information.

   Fax information to (573) 522-2899, Attention: Case Management Coordinator.

4. Clients with suspicious or abnormal results receive the necessary follow-up as determined by the clinician based on current standards of practice including rescreening, diagnosis, and/or appropriate treatment. CDC's standard is 60 days or less from a suspicious for cancer screening result to diagnosis and 60 days or less from diagnosis of cancer to treatment started.

5. If abnormal screening results are pending for 10 months or longer, client eligibility must be checked and a new screening test must be performed prior to the initiation of further diagnostic studies. Show Me Healthy Women will only reimburse for additional diagnostic services if the client continues to meet SMHW eligibility guidelines.

6. If a client is referred to a Direct Billing Diagnostic Provider, see *Section 6, Billing/Reporting Guidelines, page 6.14.*

Provider Procedures and Documentation of Clinical Follow-up

Providers shall be responsible for follow-up and documentation of all abnormal findings and report the diagnostic and/or treatment follow-up procedures and results to SMHW.

The provider must demonstrate that a follow-up tracking system is in place to monitor follow-up service(s) for clients with abnormal findings. The follow-up tracking system should include the client's name; SSN or SMHW client identification number; health care clinician's name; the abnormal findings; and recommended follow-up service(s).

Providers shall use the following procedure when contacting clients about abnormal findings requiring clinical follow-up service(s):

- In the case of abnormal findings suspicious of malignancy, the client should be contacted by telephone, when available, by the SMHW provider prior to sending a letter. **Direct telephone contact has been shown to be effective.**

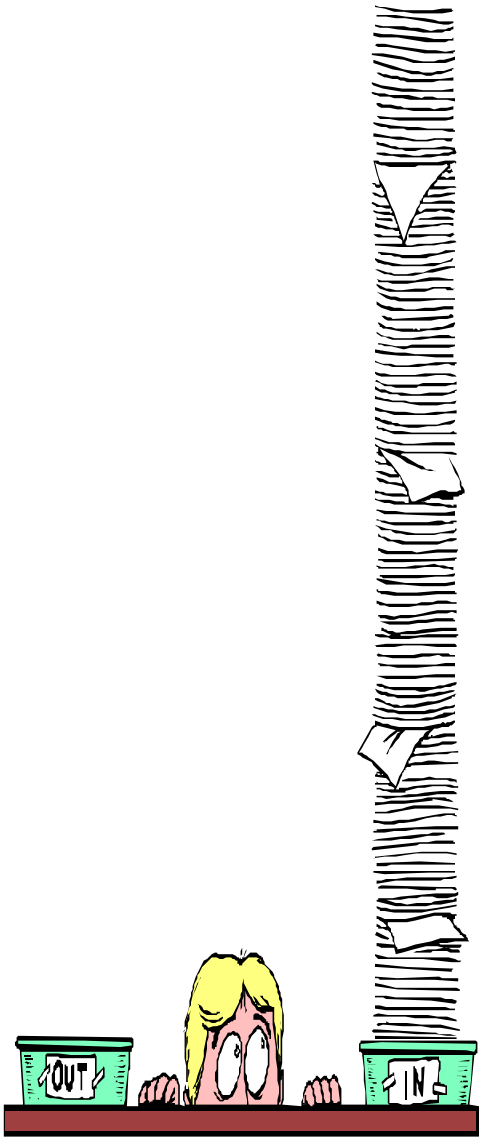
- A letter shall be mailed to the client indicating she participated in the SMHW screening program, stating the screening or diagnostic procedure is abnormal and follow-up is needed. For legal purposes, providers are encouraged to use a certified letter.

- Date of the letter, along with a copy of the letter, and/or telephone contact shall be noted in the provider's follow-up tracking system and the client chart/record.

If the client does not respond to notification attempts:

If no response is received within 10 working days after the second follow-up letter or telephone contact, the provider will notify SMHW by submitting the *Follow-up/Case Management Referral form (Refer to page 5.25 for a copy of the Follow-up/Case Management Referral form).* Follow-up may be initiated through the SMHW Case Management Coordinator or Regional Case Managers (list is found on page 5.24). The SMHW Case Management Coordinator and Regional Case Managers will only be responsible for clients enrolled in SMHW. Case Management Component staff will use the following procedures when contacting clients who have not responded to provider contact attempts:

- SMHW will evaluate the follow-up clinical report and Follow-up/Case Management Referral form for complete information and determine if the follow-up service(s) recommended is appropriate care based on SMHW established protocols. This information is then entered into the centralized follow-up database.
- SMHW follow-up strategies include contacting the health care clinician and/or the client for a status report, the use of certified mail, telephone, and/or a personal visit to the client's home.



After the client receives follow-up service(s):

When the provider receives the follow-up clinical report, it must be read and initialed by the designated provider staff.

The provider shall update the follow-up tracking system for the client with the following information from the clinical report:

- Date the follow-up information was received.
- Name of source that provided this information (i.e. clinician or client).
- The results/findings of the follow-up.
- Record the status of the disposition (i.e. complete, pending, additional procedures, etc.).

When providers receive information regarding a follow-up of *abnormal* findings, the appropriate diagnostic and treatment reporting form (yellow or purple) must be submitted to SMHW. The above information shall also be recorded in the client chart/record.

Protocol for Short Interval Follow-up or Rescreen

Diagnostic testing needs to be completed within 0-60 days from the initial screening. In the instances where short interval follow-up or a rescreen is to be performed, the following guidelines should be followed:

Short Interval Follow-Up: Repeat of the same test within 10 months will be reimbursed by SMHW in the following cases:

Clinical Breast Exam

- The provider may repeat a CBE within 14 days – 10 months if the previous CBE reported to SMHW was not within normal limits due to a benign finding.
- A CBE may be repeated as a rescreen (14 days – 10 months) when a CBE was initially termed suspicious for cancer and after the appropriate diagnostic tests confirmed that cancer is not diagnosed.

Mammogram

- A mammogram may be repeated within 10 months if the previous mammogram reported to SMHW was a Category 3, Probably Benign.
- SMHW will not reimburse for more than two consecutive abnormal mammograms with a result of Probably Benign without further diagnostic testing as recommended by the SMHW Advisory Board.

Ultrasound

- Ultrasound may be used as a rescreening tool when a mammogram is not appropriate. Rescreen must be less than 10 months from original screening date with abnormal findings.

Pelvic Exam

- A pelvic exam may be repeated within 10 months if the previous pelvic exam reported to SMHW was not within normal limits due to a cervical finding.

Pap Test

- To be considered for reimbursement, a repeat Pap test must be completed at three months or greater than the previous Pap test. If no endocervical cells are present then the Pap test may be repeated in less than three months and submitted for reimbursement. SMHW will only pay for the two consecutive Pap tests with no ECC without further diagnostic testing.
- A pap test may be repeated if the Bethesda System result is Atypical Squamous Cells Undetermined Significance (ASC-US) or Low Grade SIL.

(Continued on next page)

- SMHW will not reimburse for more than two consecutive abnormal Pap tests with a result of LSIL or ASC-US without further diagnostic testing.
- Following an abnormal screening, a Pap test may be reimbursed for up to three consecutive normal Pap tests within 18 months, one of which should be the annual screening.

A short-term interval follow-up/rescreen test should be reported on a Screening Report form (blue) with the category “Rescreen” marked in the “Visit Type” box.

Minimum Required Follow-up for Breast Cancer Screening Results

Clinical Breast Exam (CBE) Result:	Follow-up:
Normal	• No diagnostic test will be reimbursed
Benign finding	• No diagnostic test will be reimbursed; a rescreen CBE may be completed
Suspicious for Cancer, regardless of mammogram result	• Surgical consultation • Ultrasound • Fine needle aspiration • Biopsy
Mammography Result:	**Follow-up:**
Category 1 – Negative	• Diagnostic referral based on CBE result
Category 2 – Benign	• Diagnostic referral based on CBE result
Category 3 – Probably Benign	• Referral at clinician discretion
Category 4 – Suspicious Abnormality	• Additional mammography views • Specialist consultation • Ultrasound • Biopsy
Category 5 – Highly Suggestive of Malignancy	• Specialist consultation • Fine needle/cyst aspiration • Biopsy
Category 6 – Assessment is Incomplete	• Additional views or ultrasound

Revised: 6-05

GUIDELINES FOR BREAST DIAGNOSTIC SERVICES

CBE Suspicious for Cancer

- Women age 35 and older, with a clinically suspicious lesion, should be completely evaluated and appropriately referred. *(Refer to page 5.6, Minimum Required Follow-up for Breast Cancer Screening Results.)*

Nonpalpable Mammographic Abnormality

- Mammography results reported by a radiologist with reference to American College of Radiology (ACR) categories "Suspicious abnormality" (Category 4) or "Highly suggestive of malignancy" (Category 5) should be referred to a surgeon.

- "Assessment incomplete" (Category 0) should be followed by additional views and/or ultrasound prior to referral for specialist consult. If comparison of previous films is needed, only the final result of the comparison study should be reported.

Ultrasound

- May be recommended when the CBE is suspicious for cancer and mammogram is not appropriate.

- Abnormal mammogram requires additional diagnostic imaging.

FNA, Core Needle, Stereotactic, Incisional, and Excisional Breast Biopsies

- The result of a CBE and/or mammogram must be suspicious for cancer before SMHW will reimburse for breast biopsies.

Minimum Required Follow-up for Cervical Cancer Screening Results

Pelvic Examination Results:	**Follow-up:**
Normal/Benign finding	• No diagnostic test will be reimbursed.
Cervical portion of pelvic exam: • Not within normal limits	• Clinician discretion.
Specimen Adequacy	**Follow-up**
Satisfactory for evaluation: • Specimen processed and examined: - No Endocervical cells	• Clinician discretion used to determine need for repeat Pap test.
Unsatisfactory for evaluation: • Specimen rejected/not processed	• Repeat Pap test: SMHW will not pay for this Pap, but will pay for repeat Pap, not pelvic.
Pap Test Results	**Follow-up**
Negative-Reactive/Reparative Changes Present	• No diagnostic test will be reimbursed if pelvic exam is normal/benign.
ASC-US: Atypical Squamous Cells-Undetermined Significance	• Repeat Paps every 3-6 months until 3 consecutive negative Paps are obtained. • Colposcopy • HPV: High Risk Profile - Positive: Colposcopy Negative: Routine screening
ASC-H: Atypical Squamous Cells-Cannot Exclude High Grade SIL	• Colposcopy.
Low Grade SIL	• First abnormal: Clinician discretion used. • If two abnormal results in a row, a Colposcopy is required.
High Grade SIL	• Diagnostic work-up.
Squamous Cell Carcinoma	• Diagnostic work-up.
AGC: Atypical Glandular Cells	• Diagnostic work-up.

Revised: 6-05

GUIDELINES FOR CERVICAL DIAGNOSTIC SERVICES

Repeat Pap Test Following Abnormal Screening

- SMHW will reimburse for up to three consecutive normal Pap tests within an 18-month period, following ASC-US or more severe result. Repeat Pap tests must be at least 3 months apart.
- **If the repeat Pap test is done 10 – 18 months from the last annual Pap test, then it should be part of a complete annual screening.**
- SMHW **will not** reimburse for more than two consecutive abnormal Pap tests with a result of LSIL or ASC-US without further diagnostic testing, as recommended by the SMHW Advisory Board in July 2001.

Colposcopy

- SMHW will reimburse for up to three colposcopy exams, following an abnormal screening, in a one year screening cycle of 12 calendar months, followed by an "annual" screen as was approved by the SMHW Advisory Board in July 2001.
- SMHW **will not** reimburse for a Pap test if done on the same day as a colposcopy.

High Risk HPV (Human Papilomavirus) Testing

Background: A common Pap test abnormality is ASC-US. This usually means there is no actual disease, but could be an early warning of a pre-cancer change or cervical cancer. Follow-up options are:

- Repeat Pap smear every 3-6 months
- High Risk HPV Profile
- Immediate Colposcopy

If there is more than two ASC-US Pap test results in a row, the next step would be to either do a High Risk HPV Profile or Colposcopy. The least invasive and least expensive procedure would be to do the HPV test. If the HPV test is negative, the client can then be put back into a normal cervical screening pattern. If the HPV test is positive, the client needs to have a colposcopy. For those clients who do not have High Risk HPV virus, this would avoid an unnecessary colposcopy. Certain strains of HPV, known as "High Risk," have been found to cause 99.7 % of cervical cancers. These viruses are number 16, 18, 31, and 45. Most people never know that they are infected with HPV and often will resolve on their own. If an HPV doesn't resolve on its own, they may progress into pre-cancer and cancer cells.

Show Me Healthy Women Reimbursement for High Risk HPV Profile:

- The High Risk HPV Profile will only be paid through the SMHW if the current or previous Pap test result was ASC-US.

- SMHW will not reimburse a High Risk HPV Profile done at the same time as a colposcopy. If the ASC-US was first followed by a colposcopy SMHW will not pay for the High Risk HPV Profile.

- To be eligible for a SMHW reimbursed High Risk HPV Profile following a colposcopy, a rescreen Pap test (greater than three months) must have the result of an ASC-US.

- High Risk HPV Profile test is not recommended for LGSIL or more severe because a high percentage of these clients test positive for the High Risk HPV viruses.

As noted above, the High Risk HPV Profile is performed to reduce the need for a more invasive and expensive procedure.

Cervical Conization

Conization, both through LEEP or Cold Knife, is usually considered to be treatment and is covered by Medicaid BCCT.

All LEEP and Cold Knife procedures qualify for Presumptive Eligibility with a Pap test result of High Grade SIL (includes AGUS), or worse, followed by a colposcopy or tissue pathology results of moderate dysplasia or worse.

However, if the woman is found not eligible for Medicaid (BCCT) and did not receive LEEP or Cold Knife during Presumptive Eligibility status, prior authorization must be obtained from Show Me Healthy Women to pay for a LEEP or Cold Knife by calling (573) 522-2845.

The following pages contain the American Society for Colposcopy and Cervical Pathology (ASCCP) Definitions of Terms Utilized in the Consensus Guidelines, followed by algorithms for Management of:

(Continued on next page)

- Low-grade Squamous Intraepithelial Lesions (LSIL)
- Low-grade Squamous Intraepithelial Lesions (LSIL) in special circumstances
- High-grade Squamous Intraepithelial Lesion (HGSIL)
- Atypical Squamous Cell: Cannot Exclude High-grade SIL (ASC-H)
- Atypical Squamous Cells of Undetermined Significance (ASC-US)
- Atypical Squamous Cells of Undetermined Significance (ASC-US) in special circumstances
- Atypical Glandular Cells (AGC)

Definitions of Terms Utilized in the Consensus Guidelines

Colposcopy is the examination of the cervix, vagina, and, in some instances the vulva, with the colposcope after the application of a 3-5% acetic acid solution coupled with obtaining colposcopically-directed biopsies of all lesions suspected of representing neoplasia.

Endocervical sampling includes obtaining a specimen for either histological evaluation using an endocervical curette or a cytobrush or for cytological evaluation using a cytobrush.

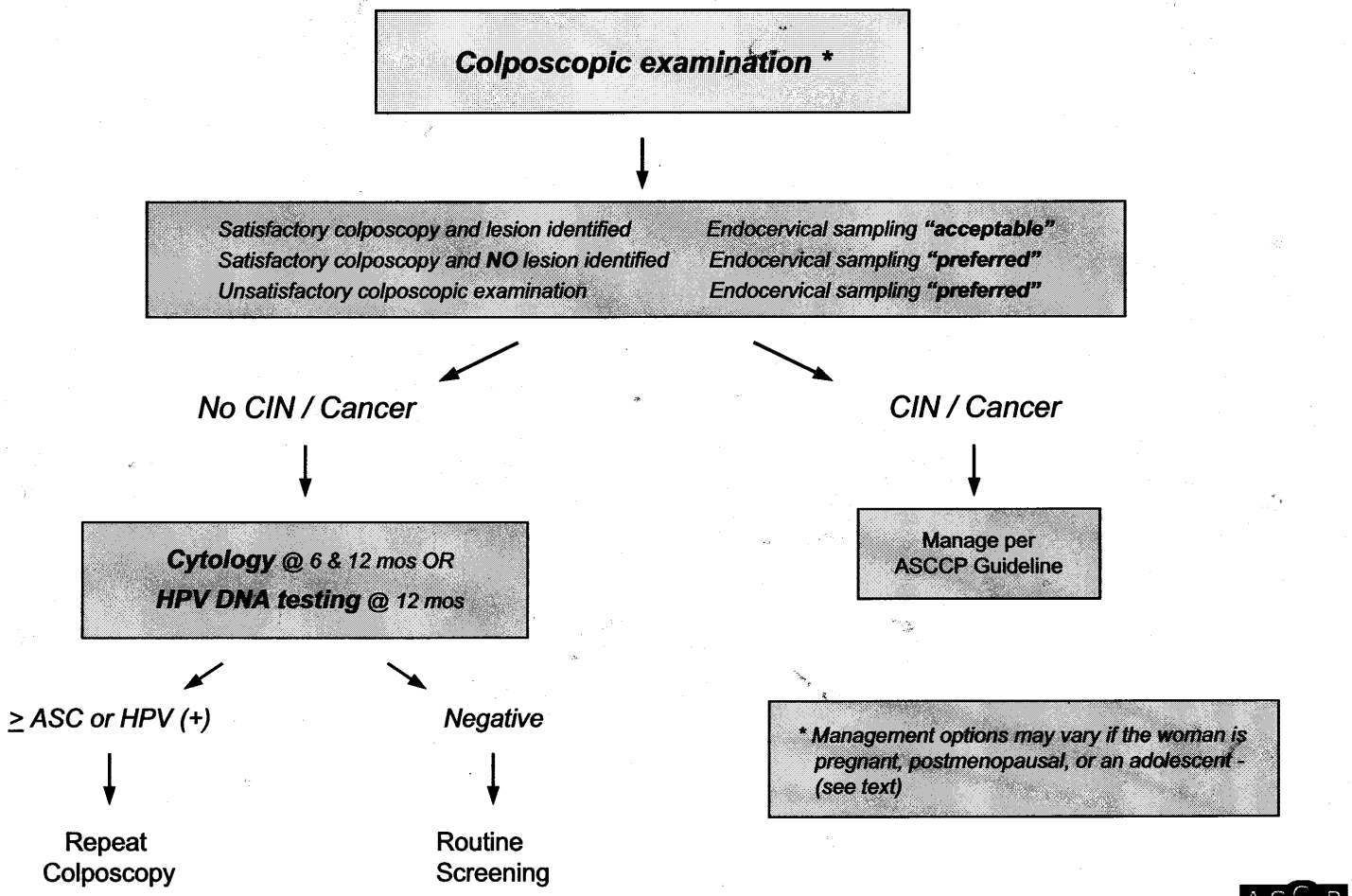
Endocervical assessment is the process of evaluating the endocervical canal for the presence of neoplasia using either a colposcope or endocervical sampling.

Diagnostic excisional procedure is the process of obtaining a specimen from the transformation zone and endocervical canal for histological evaluation and includes laser conization, cold-knife conization, loop electrosurgical excision (i.e., LEEP), and loop electrosurgical conization.

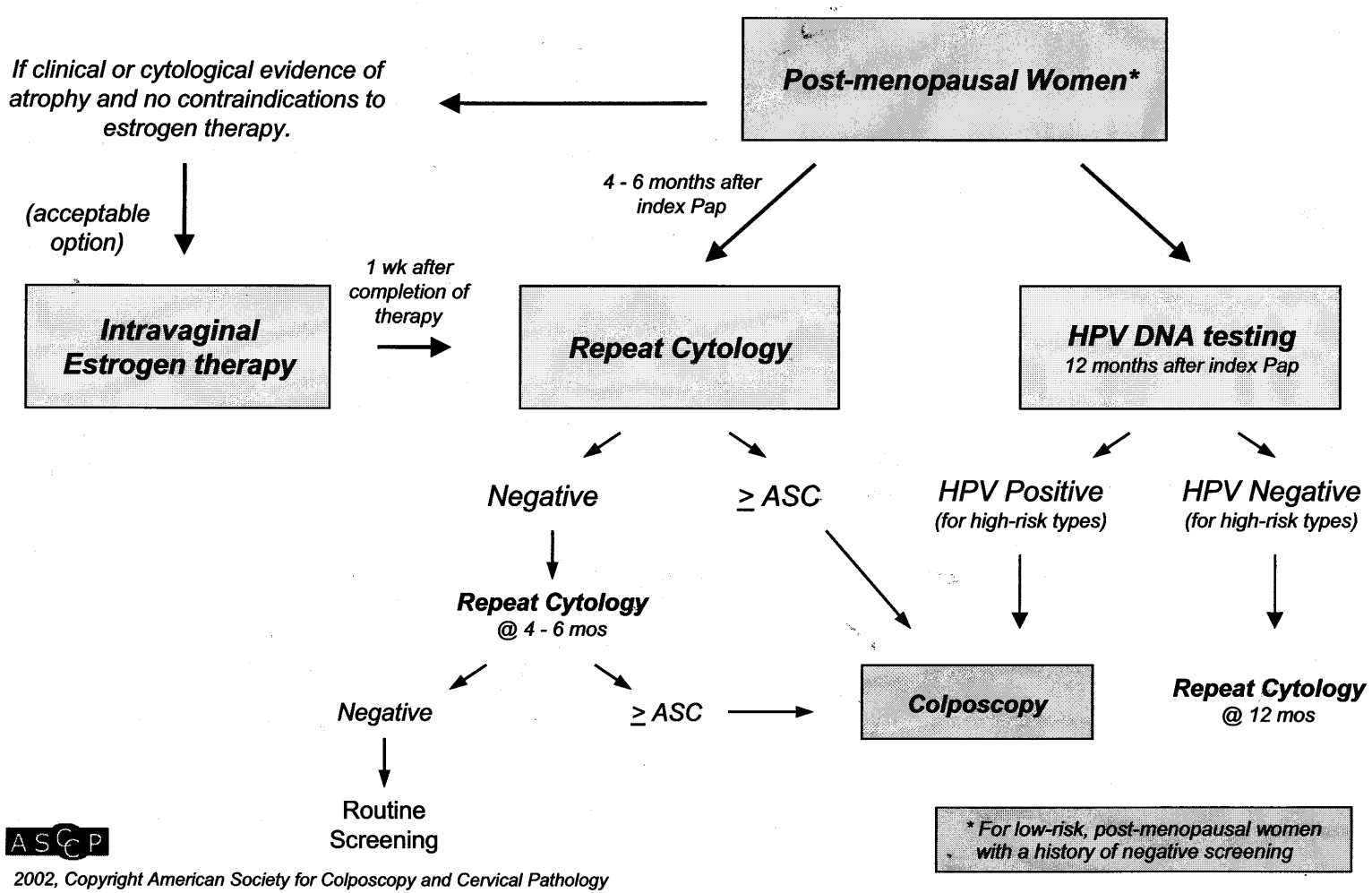
Satisfactory colposcopy indicates that the entire squamocolumnar junction and the margin of any visible lesion can be visualized with the colposcope.

Endometrial sampling includes obtaining a specimen for histological evaluation using an endometrial biopsy or a "dilatation and curettage" or hysteroscopy.

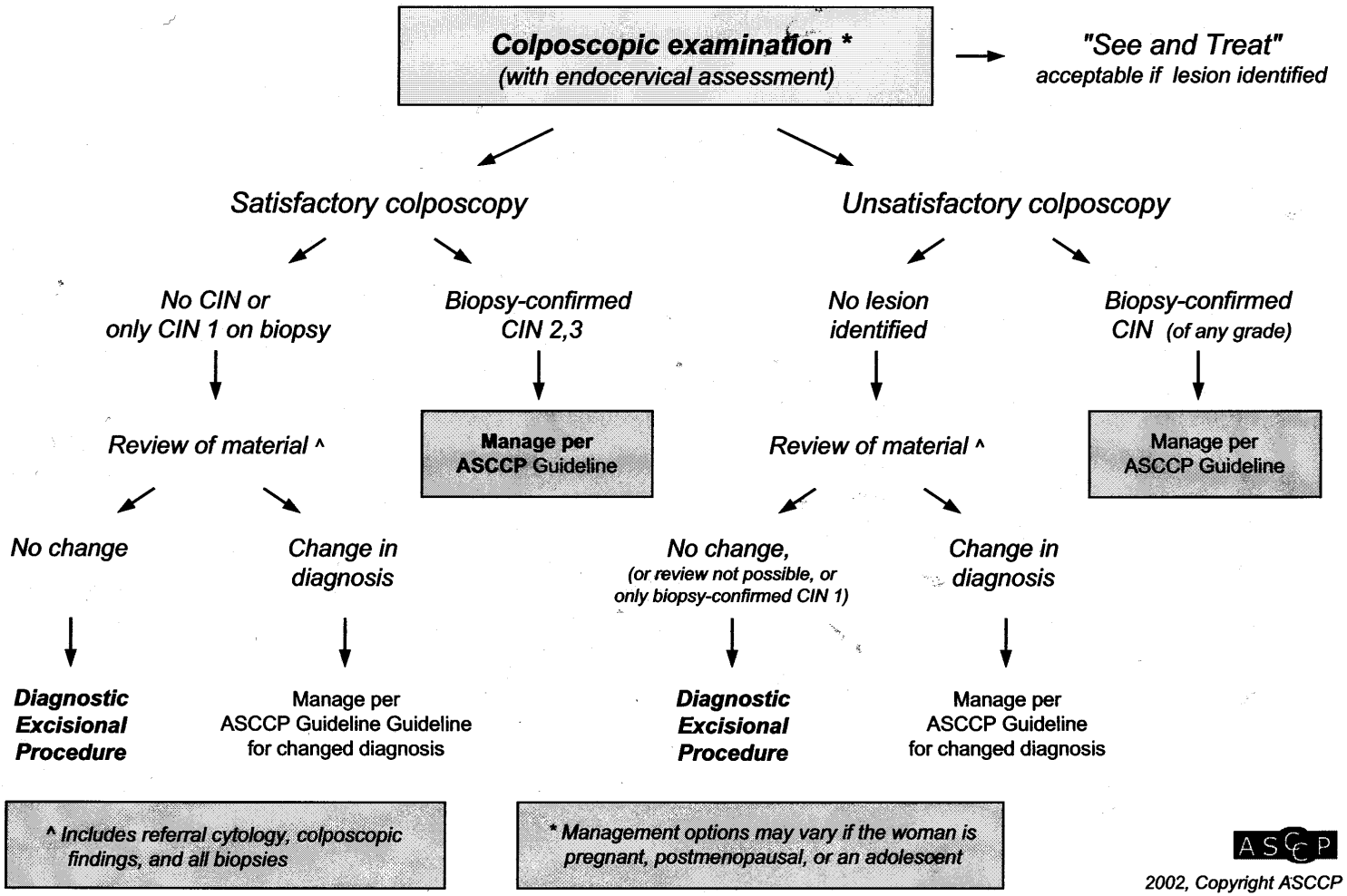
Management of Women with Low-grade Squamous Intraepithelial Lesions (LSIL) *



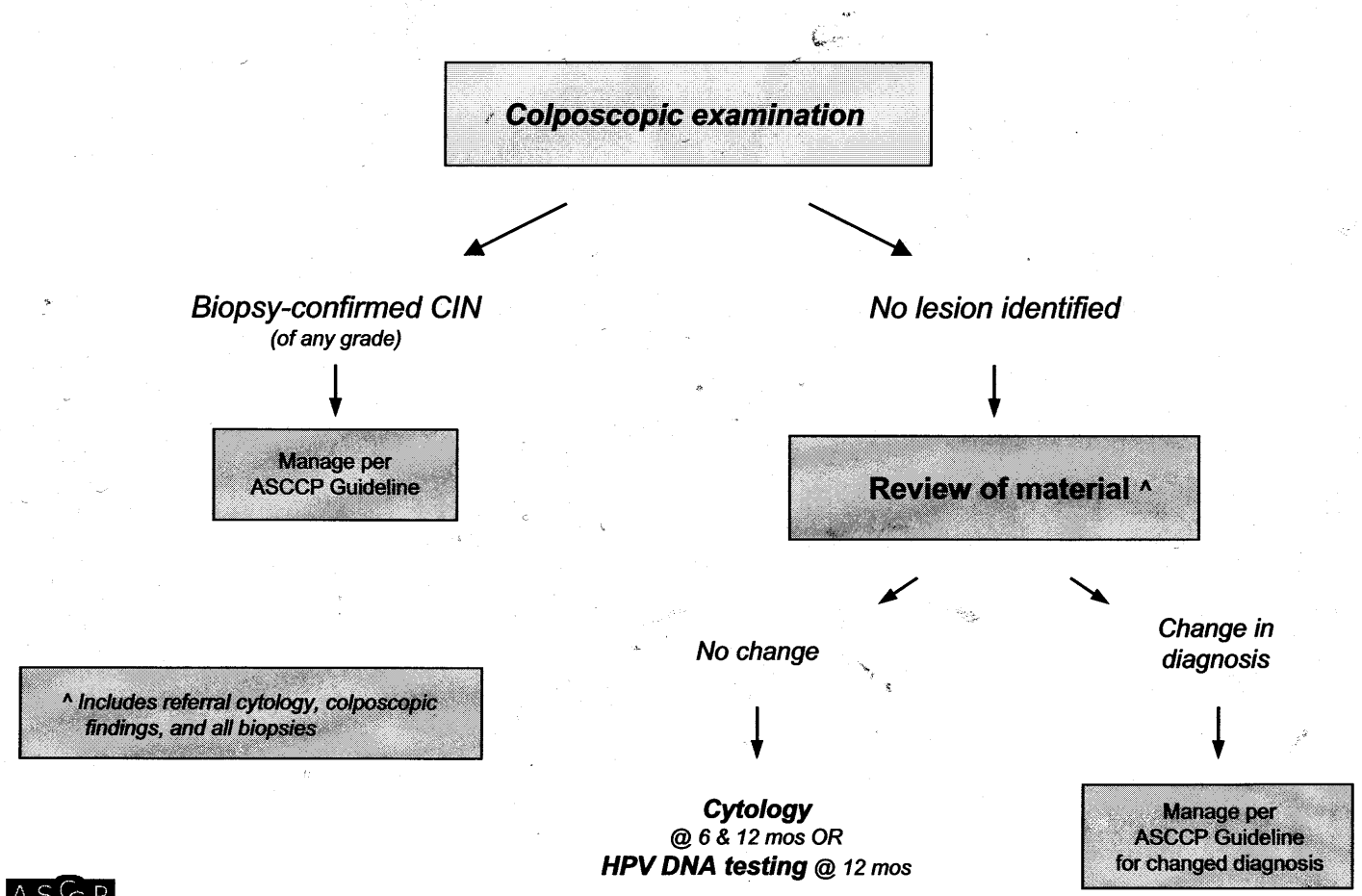
Management of Women with Low-grade Squamous Intraepithelial Lesions In Special Circumstances



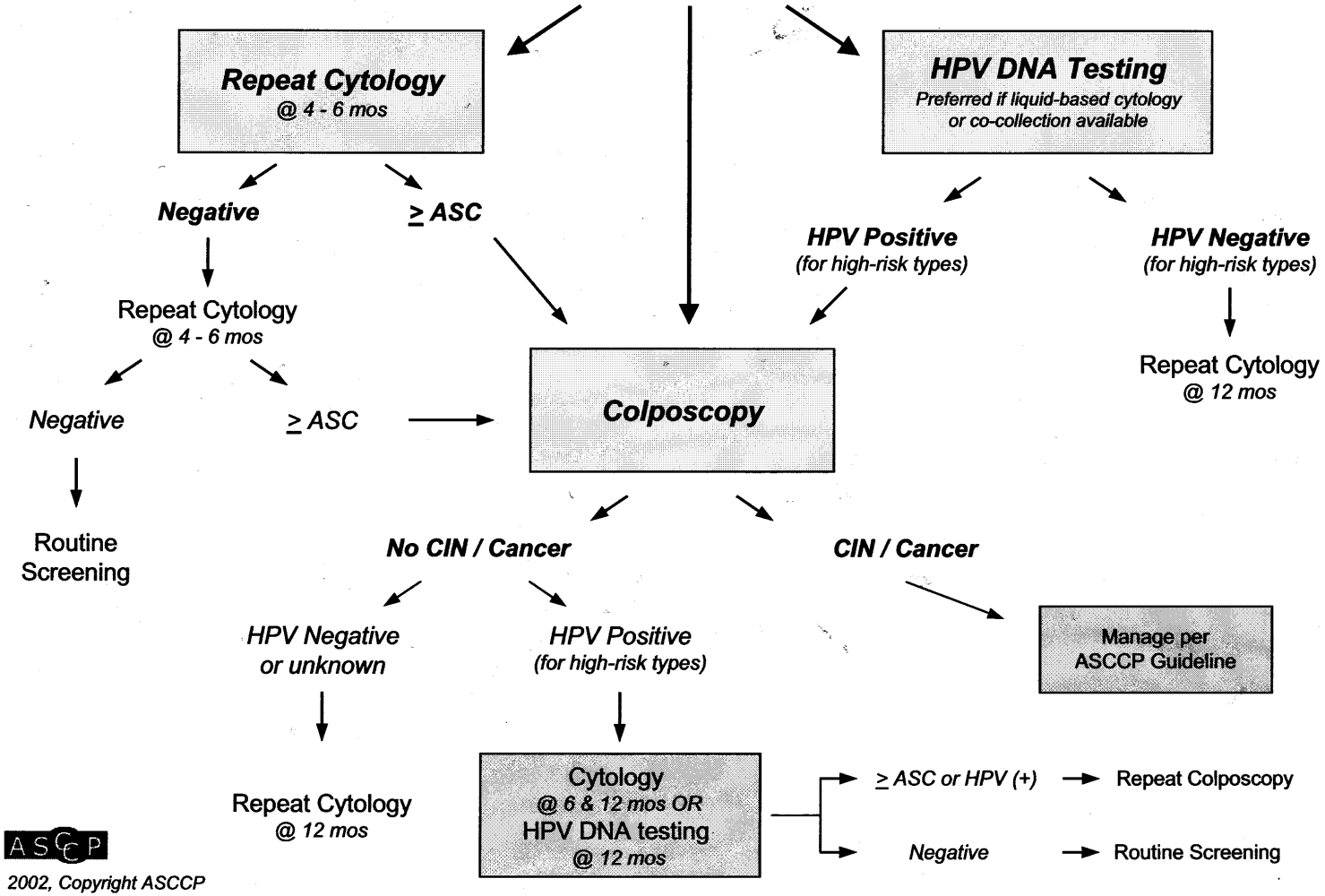
Management of Women with High-grade Squamous Intraepithelial Lesions (HSIL) *



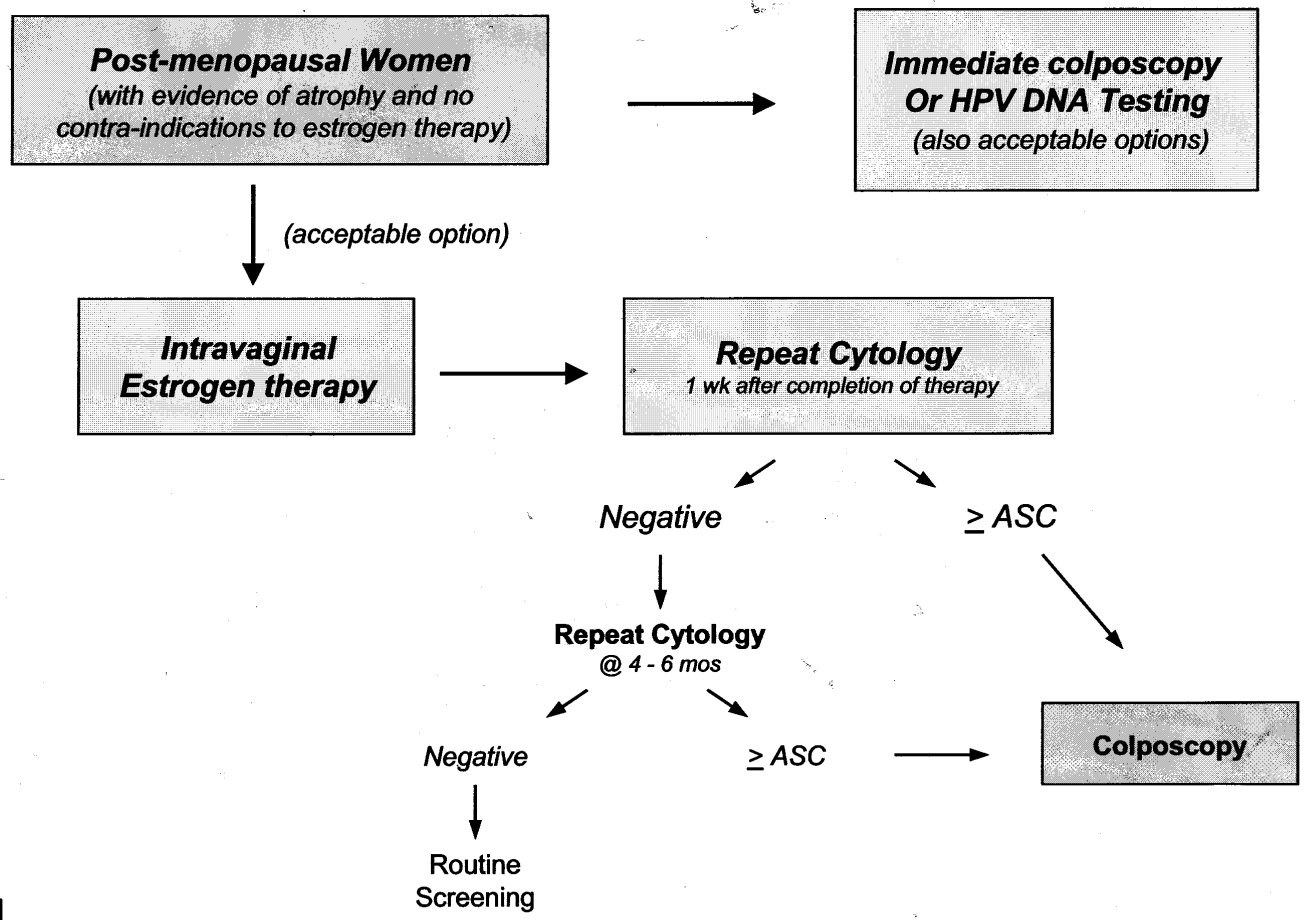
Management of Women with Atypical Squamous Cells: Cannot Exclude High-grade SIL (ASC - H)



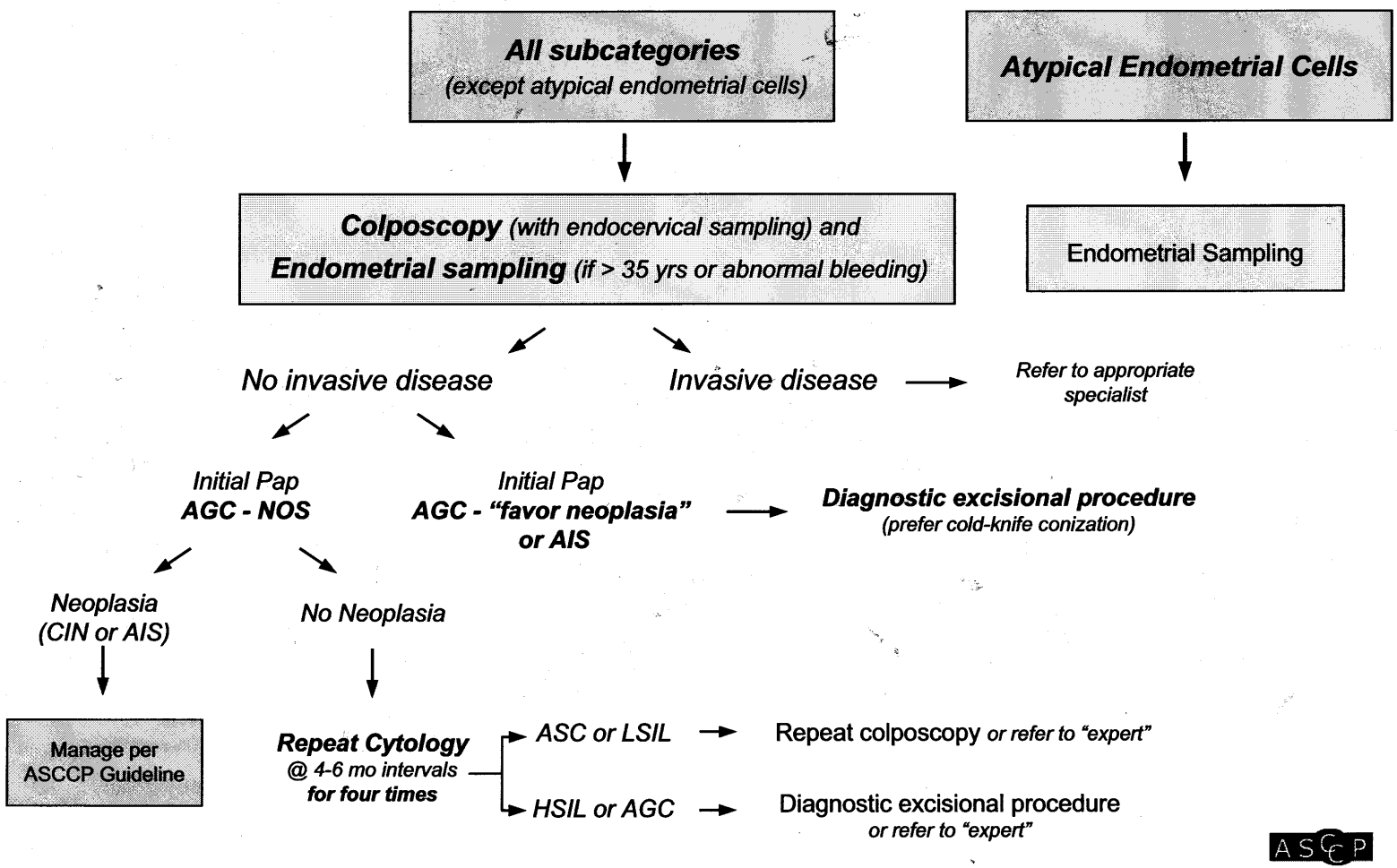
Management of Women with Atypical Squamous Cells of Undetermined Significance (ASC-US)



Management of Women with Atypical Squamous Cells of Undetermined Significance (ASC-US) In Special Circumstances



Management of Women with Atypical Glandular Cells (AGC)



Explanation of Reminder List Categories

Follow-up reminder lists are generated on a quarterly basis to assist providers with tracking clients requiring additional diagnostic or treatment procedures. The client's care management plan and the completed reporting forms determine the pending categories by the provider.

Screening Report form (blue)
Reminder List Categories:

1) Pending Abnormal CBE Follow-up

a) Clients listed in this category had an abnormal CBE with symptoms suspicious for cancer and require a follow-up/diagnostic procedure to determine if breast cancer is present. "Diagnostic Work-up Planned" is marked on the Screening Report form (blue).
b) Breast findings suspicious for cancer require a diagnostic work-up. If a mammogram is performed, an additional diagnostic service is required to complete the work-up. *(Refer to page 5.6, Minimum Required Follow-up for Breast Cancer Screening Results.)*

Diagnostic work-up within 60 days is expected for an abnormal CBE. Additional diagnostic procedures would include diagnostic mammogram, ultrasound, specialist consultation, FNA and/or biopsy.

2) Pending Abnormal Mammogram Follow-Up

a) Clients listed in this category have abnormal mammogram results for which additional diagnostic procedures are planned. "Diagnostic Work-up Planned" is marked on the Screening Report form (blue). These results are:
    i.) Suspicious Abnormality (Category 4) – Additional mammography views, specialist consultation, ultrasound, or biopsy should be considered.
    ii.) Highly Suggestive of Malignancy (Category 5) – Specialist consultation, fine needle/cyst aspiration should be considered.
    iii.) Assessment Incomplete (Category 0) – Needs additional radiological study.
    iv.) Unsatisfactory – Not interpreted, repeat.
b) Additional diagnostic services may include specialist consultation, additional mammography views, ultrasound, fine needle aspiration, and/or biopsy.

*NOTE: The SMHW health care provider/clinician may recommend additional diagnostic services for a "Probably Benign" mammogram result. In most cases, however, a 4-6 month rescreen mammogram is the standard of practice. SMHW will no longer pay for more than two consecutive abnormal mammograms with a result of "Probably Benign" without further diagnostic testing as recommended by the SMHW Advisory Board.

3) Pending Abnormal Pap Test Follow-Up

a) Clients listed in this category had an abnormal Pap test with diagnostic services planned. Additional diagnostic services are expected within 60-days for the following results:

i.) ASC-US and/or HPV: If a health care provider/clinician recommends a diagnostic work-up.
ii.) LSIL/CIN I/mild dysplasia: If a health care provider/clinician recommends a diagnostic work-up.
iii.) ASC-H: Diagnostic work-up is recommended.
iv.) HSIL/ CIN II-III/moderate-severe dysplasia: Diagnostic work-up is required.
v.) Carcinoma In-Situ (CIS): Diagnostic work-up is required.
vi.) Squamous Cell Carcinoma: Diagnostic work-up is required.
vii.) AGC: Diagnostic work-up is required.

4) *Pending Abnormal Pelvic Examination*

a) This category is found in the *Pending Abnormal Pap Test* section of the reminder list. Clients listed had an abnormal pelvic exam and a diagnostic work-up is planned. Diagnostic work-up is at the discretion of the health care provider/clinician.

Cervical Diagnosis and Treatment form (yellow)
Reminder List Categories:

1) Pending Cervical Screening Diagnosis

a) Clients listed in this category do not have a final diagnosis reported and the "*Status of Diagnosis"* section of the form is marked "*pending.*" Pending would be indicated when additional diagnostic procedures are needed to determine a final diagnosis.
b) When cancer is diagnosed, include the stage, if possible. The name of the treatment facility is vital for the completion of staging and treatment information.

2) Pending Cervical Screening Treatment

a) Clients listed in this category require treatment. Treatment information is required to complete follow-up even if client is referred to another provider.
b) Treatment date, type of treatment, and facility where treatment occurred are required to complete follow-up.

Breast Diagnosis and Treatment form (purple) - Reminder List Categories

1) Pending Breast Screening Diagnosis

a) Clients listed in this category do not have a final diagnosis reported and the "Status of Diagnosis" section of the form is marked "*pending*." Pending would be indicated when additional diagnostic procedures are needed to determine a final diagnosis.

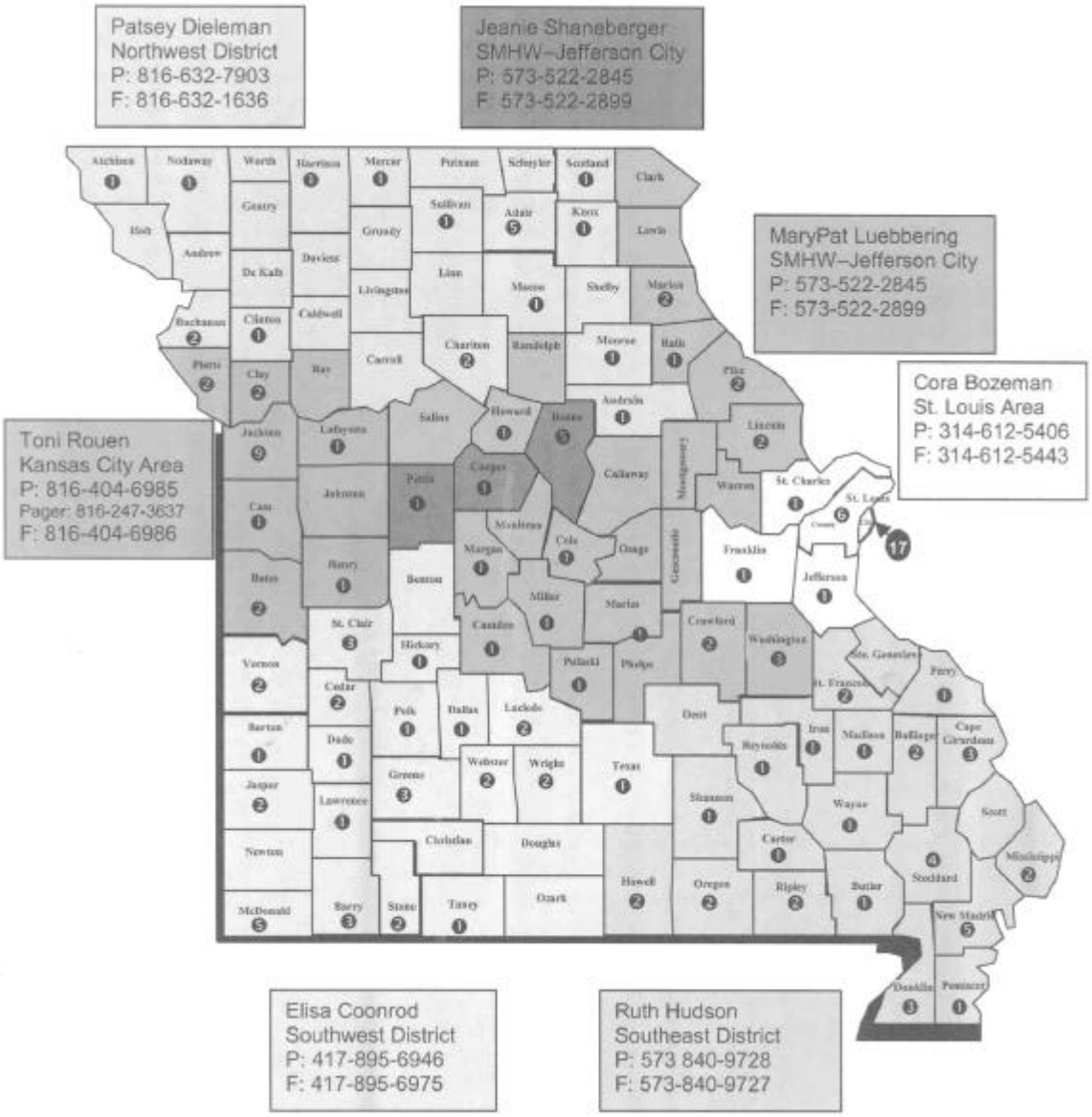
b) When cancer is diagnosed, include stage and tumor size. The name of the treatment facility is vital for the completion of staging and treatment information.

2) Pending Breast Screening Treatment

a) Clients listed in this category require treatment. Treatment information is required to complete follow-up even if the client is referred to another provider.

b) Treatment date, type of treatment, facility where treatment occurred, and a final diagnosis are required to complete follow-up.

Show Me Healthy Women Provider Map and Regional Case Managers Map
June 2005



Show Me Healthy Women Regional Case Manager County List
Effective June 30, 2005

Northwest District
Patsey Dieleman
(816)-632-7903
Fax: (816) 632-1636

001 Adair
003 Andrew
005 Atchison
007 Audrain
021 Buchanan
025 Caldwell
033 Carroll
041 Chariton
049 Clinton
061 Daviess
063 DeKalb
075 Gentry
079 Grundy
081 Harrison
087 Holt
103 Knox
115 Linn
117 Livingston
121 Macon
129 Mercer
137 Monroe
147 Nodaway
171 Putnam
197 Schuyler
199 Scotland
205 Shelby
211 Sullivan
227 Worth

Northeast District/Central
Mary Pat Luebbering
(573)-522-2845
Fax: (573) 522-2899

029 Camden
027 Callaway
045 Clark
051 Cole
055 Crawford
073 Gasconade
089 Howard
111 Lewis
113 Lincoln
125 Maries
127 Marion
131 Miller
135 Moniteau
139 Montgomery
141 Morgan
151 Osage
161 Phelps
163 Pike
169 Pulaski
173 Ralls
175 Randolph
195 Saline
219 Warren

Southwest District
Elisa Coonrod
(417)-895-6946
Fax: (417) 895-6975

009 Barry
011 Barton
015 Benton
039 Cedar
043 Christian
057 Dade
059 Dallas
067 Douglas
077 Greene
085 Hickory
097 Jasper
105 Laclede
109 Lawrence
119 McDonald
145 Newton
153 Ozark
167 Polk
185 St. Clair
209 Stone
213 Taney
215 Texas
217 Vernon
225 Webster
229 Wright

Southeast District
Ruth Hudson
(573) 840-9728
Fax: (573) 840-9727

017 Bollinger
023 Butler
031 Cape Girardeau
035 Carter
065 Dent
069 Dunklin
091 Howell
093 Iron
123 Madison
133 Mississippi
143 New Madrid
149 Oregon
155 Pemiscot
157 Perry
179 Reynolds
181 Ripley
187 St. Francois
193 Ste. Genevieve
201 Scott
203 Shannon
207 Stoddard
221 Washington
223 Wayne

Central District
Jeanie Shaneberger
(573) 522-2845
Fax: (573) 522-2899

019 Boone
159 Pettis
053 Cooper

Kansas City Area
Toni Rouen
(816)-404-6985
Pager: (816) 247-3637
Fax: (816) 404-6986

013 Bates
037 Cass
047 Clay
083 Henry
095 Jackson
101 Johnson
107 Lafayette
165 Platte
177 Ray

St. Louis Area
Cora Bozeman
(314)-612-5406
Fax: (314)-612-5443

071 Franklin
099 Jefferson
183 St. Charles
189 St. Louis
510 St. Louis City

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SHOW ME HEALTHY WOMEN
FOLLOW-UP/CASE MANAGEMENT REFERRAL

	REFERRAL DATE
NAME:	DOB:
ADDRESS:	SSN/DCN:
CITY, STATE, ZIP:	TELEPHONE #:
PROVIDER:	CONTACT PERSON:
ABNORMAL FINDINGS REQUIRING FOLLOW-UP:	

☐ Standard F/U ☐ Case Management

Provider Follow-up Attempts:

DATE:	TYPE OF ATTEMPT:	OUTCOME
1.	☐ Phone ☐ Letter ☐ Home/Office	
2.	☐ Phone ☐ Letter ☐ Home/Office	
3.	☐ Phone ☐ Letter ☐ Home/Office	

REMAINDER OF FORM TO BE COMPLETED BY SHOW ME HEALTHY WOMEN STAFF

FINAL DISPOSITION:

	1. RETURNED TO PROVIDER	DATE	FOLLOW-UP FORMS SUBMITTED:
	2. LOST TO FOLLOW-UP	DATE	REASON:
	3. REFUSED FOLLOW-UP	DATE	WAIVER STATEMENT SIGNED BY CLIENT:

MO 580-2420 (9-00) Ch.D-22